09/674,935

PTO:SB09 (07-09)
Approved for use through 07/31/2012, OMB 08/5-0031
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Request

Tor Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents Advandria, VA 22313-1450		Filing Date		Decem	ber 21, 2000	
		First Named Inve	ntor	Timoth	y R. Hirst	_
		Art Unit		1645	,	_
		Examiner Name		J. A. H	inos	-
			Land Land		503US	-
*		Attorney Docket N				=
This is a Request for Continued Examination (R Request for Continued Examination (RCE) practice ur 8, 1995, or to any design application. See Instruction	der 37 CFF	1.114 does not apply	to any uti	lity or plant	application filed pnor to June	
<ol> <li>Submission required under 37 CFR 1.11         amendments enclosed with the RCE will be ent         applicant does not wish to have any previously tamendment(s).     </li> </ol>	ered in the o	order in which they we	re filed un	less applic	ant instructs otherwise. If	
a.      Previously submitted. If a final Of may be considered as a submission				nents filed	after the final Office actio	n
i. Consider the arguments in the						
ii. X Other Response to Final Offi	ce Action a	nd Declaration Unde	r 37 C.F.	R. 1.132 fi	led March 31, 2010	
b. Enclosed		_				
i. Amendment/Reply	III	Information [	Disclosur	e Statem	ent (IDS)	
ii. Affidavit(s)/Declaration(s)	iv	. Other				-
2. Miscellaneous						
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a						
period of months. (F	Period of su	spension shall not exc	eed 3 mo	nths; Fee u	nder 37 CFR 1.17(i) required	
b Other						
3. Fees The RCE fee under 37 CFR 1.17(e)	) is required	by 37 CFR 1.114 w	hen the F	RCE is filed	d.	
The Director is hereby authorized     Overpayments, to Deposit Account			any unde	rpayment	of fees, or credit any	
i. X RCE fee required under 37 CFR 1,17(e)						
ii. Extension of time fee (37 CFR 1.136 and 1.17)						
i i		,				
b. Check in the amount of \$ enclosed						
_						
c. X Payment by credit card (Form PTC WARNING: Information on this form may become p	public. Cre		should no	ot be inclu	ded on this form. Provide	
credit card information and authorization on PTO-2	2038.					_
SIGNATURE OF APP	PLICANT,	ATTORNEY, OR	AGENT	REQUIR	ED	_
Signature /Lillian Horwitz/			Date	June 8,	2010	
Name (Print/Type) Lillian Horwitz			Registra	tion No.	57,040	_